

# One-year follow-up of serum antimüllerian hormone levels in patients with laparoscopic ovarian cystectomy

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Introduction Serum anti-müllerian hormone (AMH) has been suggested as the most reliable and reproducible marker of the ovarian reserve recently. Evidence is accumulating that AMH levels are severely decreased after excision of ovarian endometrioma, but there are limited reports on the long-term effects of laparoscopic ovarian cystectomy on ovarian reserve. The aim of this study was to evaluate the effects of laparoscopic cystectomy of endometrioma and nonendometrioma ovarian cyst on ovarian reserve within one year, and to identify the factors in predicting ovarian reserve.

People and Methods Seventy-five patients underwent laparoscopic ovarian cystectomy, with bilateral endometrioma (n=22), unilateral endometrioma (n=28), and unilateral other benign ovarian cyst (n=25). Twenty-one patients with laparoscopic myomectomy or hydrotubation at the same period were treated as the control group. Ovarian reserve was assessed by AMH preoperatively, and at 1,6 and 12 months postoperatively. Correlations between several factors and the rate of decline of AMH levels were analyzed by bivariate correlation analysis.

Results The preoperative AMH levels were similar between groups. AMH levels obviously decreased at one month postoperatively compared with preoperative levels in endometrioma group especially in bilateral endometrioma ( $P<0.05$ ). However, there were no significant difference at 6, 12 months postoperatively ( $P>0.05$ ). AMH levels were not significantly decline in nonendometrioma ovarian cyst after surgery. The rate of AMH decline was statistically significantly greater in bilateral endometrioma group compared with other two groups ( $P<0.05$ ).

Conclusions There was no detectable difference on AMH levels between four groups and from baseline values at sixth month and twelfth month after laparoscopic ovarian cystectomy of endometrioma, although the AMH levels were significantly declined in the first month postoperatively. Bilaterality was the only significant factor correlating with postoperative AMH decline.

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Keywords : ovarian reserve, serum anti- Müllerian hormone, laparoscopic cystectomy

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